

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

15 05

APPLICANT

10/519408

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 3 | 2 | 2 | 2 | 2 | 2 |
| TOTAL CLAIMS | 5 | 3 | 3 | 3 | 3 | 3 |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 2 | 1 | 1 | 1 | 1 | 1 |
| TOTAL DEP. | 3 | 2 | 2 | 2 | 2 | 2 |
| TOTAL CLAIMS | 5 | 3 | 3 | 3 | 3 | 3 |